PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 09/983,041			ng Date 22/2001	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL E	NTITY	OTHER THAN OR SMALL ENTITY		
	FOR	- T		MBER FILI		<u>`</u>	ABER EXTRA	П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A			N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), or (m))		N/A				N/A		N/A			N/A ~	
l	EXAMINATION FEI (37 CFR 1.16(o), (p), o			N/A			N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		 	minus 20 =		•			x \$ =		OR	x \$ =	
IND	EPENDENT CLAIMS CFR 1.16(h))	s		mli	nus 3 =	•			x \$ =			x \$ =	
Ď	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G):			oplication size fee due I entity) for each fraction thereof. See							
	MULTIPLE DEPEN												
·Ife	the difference in colu	ımn 1 is les	is than 2	zero, enter	"0" in cot	umn 2.			TOTAL			TOTAL	
APPLICATION AS AMENDED PART II (Column 1) (Column 2) (Column 3)								- 1	SMAL	L ENTITY	OR		ER THAN ALL ENTITY
N.	11/15/2006	CLAIMS REMAINI AFTER AMENDA	iing		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ř	Total (37 CFR 1.18(i))	• 52		Minus	~ 55		= 0		x \$ =		OR	X \$50=	0
AMENDMENT	Independent (37 CFR 1.16(h))	• 5		Minus	 5		= 0		x \$ =		OR	X \$200=	0
N N	Application Si	ize Fee (37	CFR 1	.16(s))									
	FIRST PRESEN	NTATION OF	MULTIP	LE DEPENI	DENT CLAI	M (37 CFR	₹ 1.16(j))				OR	`	
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
<u> </u>		(Colum			(Colun		(Column 3)						
	3-28-0	CLAIN REMAIN AFTE AMENDA	NING ER		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ENT	Total (37 CFR 1,18(1))	· 5	2	Minus	" -	<i>5</i> 5	- O		x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))			Minus	***	5	= U		x \$ =		OR	x \$ =	
AMENDN	Application Si	ize Fee (37	/ CFR 1	.16(s))						/			/_
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(I))										OR		
								•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(f	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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